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FAX NO. 17818394121

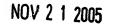
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Under the Pacerwork Reduction Act of 1995.	NO DEL SOTI	Application Number	10/539,	485	SONVS A VAID OWN COMO TICHNESS								
TRANSMITTAL	Filing Date	June 17	June 17, 2005 Michael Barry Gravestock Not yet known Not yet known										
FORM	First Named Inventor	Michae											
• =		Art Unit				Not yet							
(to be used for all comespondence after initial	Examiner Name	Not yet											
Total Number of Pages in This Submission	Attorney Docket Number	100858											
ELICLOSURES (Check all that apply)													
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CO(s) Landscape Table on	tion e Address	After All Appeal of Appeal (Appeal (Appoal Propriet Status I X Other E below):	inclosure(s) (please Identify								
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Firm Name AstraZeneca													
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Printed name Heidi M. Berven													
Date 21 November	<u> 7</u> 20	05	Reg. No.	48951									
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/539,485	Applicant: Gravestock et al							
371 Filing Date: June 17, 2005	Attorney Docket No.: 100858-1P US							
Examiner: Not yet assigned	Group Art Unit: Not yet assigned							
Customer No.: 44992	Confirmation No.: 2450							
Title: OXAZOLIDINONE DEF:IVATIVES AS ANTIBACTERIAL								
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Respectfully submitted,

Heidi M. Berven Name: November 21, 2005 Dated:

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10/539,485	06/17/2005	1614	1300	100858-1P US	-	13	5

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44992 ASTRAZENECA R&D BOSTON 35 GATEHOUSE DRIVE WALTHAM, MA 02451-1215

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Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filling Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filling Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filling Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filling Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Assignment For Published Patent Application

AstraZeneca AB, Sodertalje, SWEDEN

Power of Attorney: The patent practitioners associated with Customer Number 44992.

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This application is a 371 of PCT/GB03/05457 12/15/2003

Foreign Applications

UNITED KINGDOM 0225518.6 12/19/2002

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Early Publication Request: No

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